

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/538275

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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10						
11						
12						
13						
14						
15						
16			1			
17				1		
18					1	
19						1
20						
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26						
27			1			
28				1		
29					1	
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48						
49						
50						
TOTAL IND.	2		3			
TOTAL DEP.	13	↔	17	↔		↔
TOTAL CLAIMS	15	[REDACTED]	20	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔			↔	
TOTAL CLAIMS		[REDACTED]			[REDACTED]	